

CT-WH**CONNECTICUT WITHHOLDING TAX PAYMENT**

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

YEAR

If Name, Address and/or Identification Number(s) are incorrect,
please complete **Form CTC** located in the back of this booklet.

1. ENTER QUARTER (1, 2, 3 or 4)

(March = 1; June = 2; September = 3; December = 4)

2. CONNECTICUT TAX WITHHELD

- See instructions for filing requirements.
- Pay total amount shown on Line 2.
- Make your check payable to: Commissioner of Revenue Services.
- Write your Connecticut Tax Registration Number on your check.
- Use attached mailing label to send payment.
- **Do not file this Form CT-WH if no payment is due.**

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

Department of Revenue Services
PO Box 5055
Hartford CT 06102-5055

CT-941**CONNECTICUT QUARTERLY RECONCILIATION OF WITHHOLDING**

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

QUARTER

DUE DATE

If Name, Address and/or Identification Number(s) are incorrect,
please complete Form CTC located in the back of this booklet.

- ☐ Check if you no longer have employees
in Connecticut and enter date of last payroll _____

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Dept. of Revenue Services PO Box 2931 Hartford CT 06104-2931.

I declare under the penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct.
(The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

SIGNATURE _____

TITLE _____

DATE _____

All filers: If your Connecticut liability is **less than \$500** for a calendar quarter, do not complete Schedule A or Schedule B

Monthly schedule depositors: Complete Schedule A

Semiweekly schedule depositors or depositors whose tax liability on any day is \$100,000 or more: Complete Schedule B

Schedule A Monthly Summary of Connecticut Tax Liability

(a) First Month Liability	(b) Second Month Liability	(c) Third Month Liability	Total Liability for Quarter
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Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits.)

(A) First Month of Quarter				(B) Second Month of Quarter				(C) Third Month of Quarter			
1		17		1		17		1		17	
2		18		2		18		2		18	
3		19		3		19		3		19	
4		20		4		20		4		20	
5		21		5		21		5		21	
6		22		6		22		6		22	
7		23		7		23		7		23	
8		24		8		24		8		24	
9		25		9		25		9		25	
10		26		10		26		10		26	
11		27		11		27		11		27	
12		28		12		28		12		28	
13		29		13		29		13		29	
14		30		14		30		14		30	
15		31		15		31		15		31	
16				16				16			
Total for first month		A		Total for second month		B		Total for third month		C	

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Total Liability for Quarter (add amounts from A, B, and C)

This should equal Line 3
on the front of this form. <

CT-W3 CONNECTICUT ANNUAL RECONCILIATION OF WITHHOLDING

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

DUE DATE

If Name, Address and/or Identification Number(s) are incorrect, please complete **Form CTC** located in the back of this booklet.

1. CONNECTICUT TAX WITHHELD FROM WAGES (see instructions) <1.

2. TOTAL CONNECTICUT WAGES REPORTED <2.

3. NUMBER OF W-2s SUBMITTED <3.

NOTE: DO NOT MAKE PAYMENT WITH THIS FORM.

DEPARTMENT OF REVENUE SERVICES
PO BOX 2930
HARTFORD CT 06104-2930

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

I declare under the penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

SIGNATURE

TITLE

DATE

PART A: Complete for Each Period

PERIOD		CONNECTICUT INCOME TAX WITHHELD FROM WAGES
JANUARY 1 - MARCH 31	1ST QUARTER	
APRIL 1 - JUNE 30	2ND QUARTER	
JULY 1 - SEPTEMBER 30	3RD QUARTER	
OCTOBER 1 - DECEMBER 31	4TH QUARTER	
TOTAL		

Include the "state copy" of all wage and tax statements (copy 1 of the optional six-part federal Form W-2 or equivalent) reporting Connecticut wages paid during the calendar year with this return.

If you are required by the IRS to file copies of federal Form W-2 on magnetic media, you **must** file these forms on magnetic media with DRS. **However**, if you file 24 or fewer W-2 forms with DRS, you may be excused from the magnetic media filing requirements without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at **www.drs.state.ct.us** or call DRS at:

1-800-382-9463 (toll free from within Connecticut) or
860-297-5962 (from anywhere)

(TTY, TDD, and Text Telephone users **only** may transmit inquiries by calling 860-297-4911).

— This should equal Line 1 on the front of this form.

PART B: Indicate by checking the appropriate box below, your deposit schedule for federal withholding tax purposes.

☐ Monthly☐ Semi-weekly☐ Other

(please specify)

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CT-1096 CONNECTICUT ANNUAL SUMMARY AND TRANSMITTAL OF INFORMATION RETURNS

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

DUE DATE

If Name, Address and/or Identification Number(s) are incorrect, please complete **Form CTC** located in the back of this booklet.

1. CONNECTICUT INCOME TAX WITHHELD FROM NONPAYROLL AMOUNTS (see instructions) <1.

2. TOTAL NONPAYROLL AMOUNT REPORTED WITH FORM CT-1096 <2.

3. NUMBER OF 1099s AND W-2Gs SUBMITTED <3.

NOTE: DO NOT MAKE PAYMENT WITH THIS FORM.

DEPARTMENT OF REVENUE SERVICES
PO BOX 5081
HARTFORD CT 06104-5081

SUBMIT ORIGINAL COUPON ONLY.
THIS IS A MACHINE READABLE DOCUMENT
PERSONALIZED TO YOUR BUSINESS.

I declare under the penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

SIGNATURE

TITLE

DATE

Complete for Each Period

PERIOD		CONNECTICUT INCOME TAX WITHHELD FROM NONPAYROLL AMOUNTS
JANUARY 1 - MARCH 31	1ST QUARTER	
APRIL 1 - JUNE 30	2ND QUARTER	
JULY 1 - SEPTEMBER 30	3RD QUARTER	
OCTOBER 1 - DECEMBER 31	4TH QUARTER	
TOTAL		

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If you are required to file a federal Form 1096, you must file a Form CT-1096 with every "state copy" of the following:

- federal Form W-2G, for winnings paid to resident individuals, even if no Connecticut income tax was withheld;
- federal Form 1099-MISC, for payments to resident individuals or, if the payments relate to services performed wholly or partly in Connecticut, payments to nonresident individuals, even if no Connecticut income tax was withheld;
- federal Form 1099-R, only if Connecticut income tax was withheld;
- federal Form 1099-S, reporting real estate transactions in Connecticut.

If you are required by the IRS to file copies of federal Forms 1099, W-2G, or both, on magnetic media, you must file these forms on magnetic media with DRS. However, if you file 24 or fewer Forms 1099, W-2G or both, with DRS, you may be excused from the magnetic media filing requirements for that particular type of informational return without obtaining a waiver.

For new information regarding magnetic media reporting requirements, visit the DRS Web site at www.drs.state.ct.us or call DRS at:

1-800-382-9463 (toll free from within Connecticut) or
860-297-5962 (from anywhere)

TTY, TDD, and Text Telephone users only may transmit inquiries by calling 860-297-4911.

— This should equal Line 1 on the front of this form.

CTC**WITHHOLDING CORRECTION / REORDER FORM**

Enter below any change to name or mailing address and **continue to use this coupon book**. If Federal Employer Identification Number or Connecticut Tax Registration Number is listed incorrectly, see back. Any change in ownership requires a new Connecticut Tax Registration Number and a new coupon book.

CONNECTICUT TAX REGISTRATION NUMBER

FEDERAL EMPLOYER ID NUMBER

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

SEE BACK FOR REORDER INFORMATION

DEPARTMENT OF REVENUE SERVICES
PO BOX 2937
HARTFORD CT 06104-2937

- Please use the attached mailing label.
- Do not send this form with any other forms.

SIGNATURE

TITLE

DATE

CHECK APPROPRIATE BOX FOR COUPON REORDER

- ☐ BOOK DAMAGED OR DESTROYED
- ☐ ADDITIONAL COUPONS NEEDED FOR CURRENT CALENDAR YEAR ONLY
- ☐ CONNECTICUT TAX REGISTRATION NUMBER IS INCORRECT

ENTER CORRECT CONNECTICUT TAX REGISTRATION NUMBER _____

EXPLAIN _____

- ☐ FEDERAL EMPLOYER IDENTIFICATION NUMBER IS INCORRECT

ENTER CORRECT FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

EXPLAIN _____

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